

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF SPECIAL EDUCATION, PO BOX 480, JEFFERSON CITY, MO 65102 **FUNDS MANAGEMENT SECTION**

" oceca	SPECIAL EDUCATION COOPERATIVE COMMITMENT F	FORM
	Year 1 Year 2 Year 3	
MEMBER DISTRICT N	AME (use for designated fiscal agent)	COUNTY/DISTRICT CODE
SIGNATURE OF SUPERINTENDENT		DATE
MEMBER DISTRICT NAME		COUNTY/DISTRICT CODE
SIGNATURE OF SUPERINTENDENT		DATE
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SIGNATURE OF SUPE	RINTENDENT	DATE

The department recognizes that in Year 1, application member districts are only making * commitment for planning the cooperative.